



DONNA SEIDEL
STATE REPRESENTATIVE
85TH ASSEMBLY DISTRICT

Testimony of Rep. Donna Seidel
Assembly Bill 878
Assembly Committee on Health and Health Care Reform
March 24, 2010

Good morning Chairman Richards and fellow committee members. Thank you for this opportunity to testify in support of AB 878.

The bill lays the groundwork for a statewide coordinated advocacy network that would be available to Wisconsin residents under age 60. This system is modeled after the successful similar network of Senior Benefit Specialists and the growing network of Aging and Disability Resource Centers throughout Wisconsin that help residents over 60 navigate through the confusion and complexities of our health care system. AB 878 creates a similarly-coordinated network of individual advocacy assistance to help people under age 60 obtain and keep the health care they need.

More and more frequently, our offices receive calls from constituents who are facing really complicated health care coverage issues. We do, and our staff does the best we can to help by using information available to us through DHS and other sources. Local benefit counselors created by this bill would be another valuable resource for us and our constituents to help navigate the ins and outs of the health care system.

AB 878 directs the Officer of the Commissioner of Insurance (OCI) to transfer \$250,000 of existing funds from their general program operations budget to the Department of Health Services (DHS), which will use that money to attract up to \$125,000 in matching federal funds. We know that the new health care bill signed by the President this week includes additional federal dollars available to the states for consumer education and advocacy programs. By enacting this legislation now, we would put Wisconsin in the best position to go after those dollars. DHS is directed to pool all available funding to support this project.

DHS would then issue a request for proposal to select an oversight organization to create this statewide advocacy network. In consultation with DHS and OCI, this new organization would develop a grant program for community based organizations to provide the services locally. The oversight group would provide training and technical assistance for the local organizations, and establish standards of competency for the individual health benefit counselors. Both the oversight organization and the community groups selected would be required to provide to match funding.



The community based organizations chosen, would provide direct assistance to our constituents under age 60 to help them access and maintain appropriate public and private health care coverage and services. They would help with enrollment assistance, provide counseling on coverage denials and appeals, coordination of benefits and referrals, and simply and most importantly educate people about their health care options.

Although we are very near the end of this session, this bill is timely and even more important in light of the new federal health care reforms. The questions, concerns and confusion will undoubtedly increase and the need for this community based assistance will be more essential.

Quality constituent service is a top priority for all of us and your support of this bill will create another tool to help us keep this commitment. Thank you for your attention to this legislation. I would be happy to take questions. There are also a number of other speakers testifying in support of AB 878 today who can also answer questions based on their expertise.



MARK MILLER

WISCONSIN STATE SENATOR

P.O. Box 7882 Madison, WI 53707-7882

Assembly Committee on Health and Health Care Reform Assembly Bill 878 the Family Health Benefits Bill March 24, 2010

Thank you Chairman Richards and members of the committee for having a public hearing on Assembly 878, the Family Health Benefits Bill. I appreciate your willingness to schedule this bill in your committee. I am sorry I cannot join you today.

We all know our health care system is extremely complicated. We all receive calls from our constituents who need assistance working through this complex system. Even though there are many organizations and agencies working to help individuals and families obtain health care services and ensure health care coverage, there is no specific entity with that charge. The passage of federal health care reform only heightens the need for coordination and local advocacy for our constituents. The Family Health Benefits Bill creates a statewide advocacy network with that responsibility.

This bill was a coordinated effort developed by advocates and agencies, which all identified the need and potential for such a network. The bill also recognizes there are local organizations well suited to carry out the mission of a statewide advocacy network. This is not reinventing the wheel. It is utilizing current expertise and experience to ensure our constituents have someone to turn to specifically with regard to health care access and coverage.

AB 878 directs resources from OCI as well as the selected oversight organization to draw down additional dollars to provide grants to local community based organizations to provide these services. This bill also requires the state to apply for federal funds, which we believe will be available for these purposes through the recent federal health care reform legislation.

As you will hear from many others today, this bill is an opportunity to fill an important need in our health care system, patient advocacy.

Thank you again for having a public hearing. Please let me know if I can follow up on any of your questions.



ADVOCACY & BENEFITS COUNSELING FOR HEALTH, INC.

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**Testimony of Robert A. Peterson, Executive Director, ABC for Health, Inc.
AB 878/SB 633: The Family Health Benefits Bill
March 24, 2010**

ABC for Health, Inc., (ABC) is a statewide non-profit, public interest law firm that, over the past 15 years, has engaged in direct client representation and “one-on-one” client advocacy for individuals and families navigating health care coverage and services. Since 1994, ABC has responded to requests for assistance from every county in Wisconsin. Our interventions have assisted over 32,000 household members through a comprehensive and culturally competent health benefits counseling model. In addition to direct client representation, ABC engages in client outreach, education, and legal advocacy. ABC’s expertise and assistance spans the spectrum of health coverage-related legal matters, including Medicaid, BadgerCare Plus (BC+), private insurance, and medical debt. We bring financial stability to families, communities, and economies.

Using specialized legal knowledge and skills, ABC lifts the emotional and financial burden for Wisconsinites, with an emphasis on serving children with special health care needs (CYSHCN), to obtain, maintain and finance health care coverage and related services. Health benefits specialist programs are available to counsel and advocate for disabled adults and seniors, but no program with legal services backup exists for children with special health care needs and their families, except at ABC. We provide unduplicated direct client assistance that is innovative, efficient, and effective in meeting the extraordinary needs of our clients and stabilizing their lives. **In 2009, our Health Benefits Counseling services at a local hospital generated over \$6.2 million in reimbursements from third party payors (including public and private health insurance.)** In addition to the financial benefits to providers, health benefits advocacy boosts local economies by generates money in federal disability and health care coverage and leveraging federal funds for patients and the local economy.

Constituents need help accessing health care and attaining and using the correct health insurance coverage. Many constituents under the age of 60 experience complex and convoluted health care coverage issues at the worst possible time-when they or a loved one are ill. Far too often, the fractured financing and coverage systems of today's public and private health plans leave our friends with medical debt or bankruptcy, coverage denials, and other emotional and financial burdens. Still others are eligible for programs that are too difficult to understand without individual advocacy.

We see how each client benefits from ABC’s vast statewide network of advocates and resources. The time for a coordinated, competent network of benefits advocates for children and families is now. Looming health care reform will add a layer to an already complex system. This bill will build an infrastructure of support in Wisconsin as national health care reform unfolds. However, regardless of health reform, the complexities of today’s health care coverage system, keep many constituents from getting the health care coverage they need and deserve.



Public Interest Law Section



State Bar of Wisconsin

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SUBMITTED WRITTEN TESTIMONY

Statement of Brynne McBride, Attorney, Representative of the Public Interest Law Section of the State Bar of Wisconsin to the Wisconsin Assembly Committee on Health and Healthcare Reform, March 24, 2010 on the *Family Health Benefits Act*, AB-878

Chairman Richards and members of the Assembly Committee on Health and Healthcare Reform, thank you for the opportunity to briefly speak to you today in support of the Family Health Benefits Act, AB-878.

I am Brynne McBride, and I speak to you today as an attorney and a board member of the Public Interest Law Section of the State Bar of Wisconsin. The Public Interest Law Section shares the common goals of facilitating access to legal services in Wisconsin across the age, income, and disability spectrum, for fair representation in matters whether healthcare financing or other civil legal issue. Today, we urge you to approve the Family Health Benefits Act.

The Bill you consider today, AB-878, is much-needed legislation to fill in service gaps for your constituents under age 60 seeking health care coverage and services. Complicated health care financing and coverage programs frustrate many people in your districts. Public and private programs have eligibility and application procedures as well as important and often overlooked appeal processes. Members of our section serve individuals daily that need help with health benefits issues. And we need help. That is why our Section supports this Bill and the opportunity to develop a statewide network of lay advocates to support individuals under age 60.

Wisconsin is a leader in the development of such lay advocacy programs. In the 1980s Wisconsin implemented a coordinated network of Senior Benefits Specialists who provide very similar support for people over age 60. More recently, Wisconsin has developed a growing network of Aging and Disability Resource Centers and Disability Benefits Specialists. Attorneys provide training and technical assistance to both of these programs.

Therefore, AB 878 recognizes the strengths of these nationally recognized programs, and lays the foundation for an un-duplicated network of health benefits counselors to support your constituents under the age of 60 seeking health care coverage and services. The proposed health benefits counsel network will coordinate with other benefit specialist's referrals to the existing and emerging new programs, ensuring unduplicated assistance.

The majority of client encounters will not require attorney involvement. However legal back-up provides important support and training related to complicated benefits issues. The proposed oversight agency will train and support the proposed network of Health Benefits Counselors. Training will encompass information about a range of public and private health care coverage programs as well as Health Benefits Counseling skills.

State Bar of Wisconsin

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In addition, we expect the implementation of health reform to offer both promise and confusion as the public adapts to new rules and systems of health care coverage.

Finally, this Bill has the potential for economic impact to communities across Wisconsin. Effective Health Benefits Counseling can help secure scarce federal resources in the way of Medicaid dollars to local hospitals and clinics. Representatives to the Public Interest Law Section have shared the impact of patient advocacy in educational forums and Board meetings. People connected to coverage—whether private insurance or public benefits, or employer-sponsored benefits—prevent the cost shifting of un- and under-insurance to those who are insured. Hospitals benefit from third-party reimbursements whether from private insurance or Medicaid reimbursements—the alternative is bad debt for hospitals, medical debt or bankruptcy for consumers. The whole community benefits from health care coverage resources that flow into the local and state economies.

Representative Seidel and Senator Miller have demonstrated great leadership in introducing the Family Health Benefits Act, along with co-sponsors Rep. Dexter, Rep. Hraychuck, Rep. Pasch, Rep. Vruwink, Rep. Turner, Sen. Erpenbach, Sen. Coggs, Sen. Vinehout, and Sen. Risser. The Public Interest Law Section strongly supports this legislation. Thank you again for your time and consideration.

The State Bar of Wisconsin establishes and maintains sections for carrying on the work of the association, each within its proper field of study defined in its bylaws. Each section consists of members who voluntarily enroll in the section because of a special interest in the particular field of law to which the section is dedicated. Section positions are taken on behalf of the section only.

The views expressed on this issue have not been approved by the Board of Governors of the State Bar of Wisconsin and are not the views of the State Bar as a whole. These views are those of the Section alone. If you have questions about this memorandum, please contact Adam Korbitz, Government Relations Coordinator, at akorbitz@wisbar.org or (608) 250-6140.

disabilityrights | WISCONSIN

DATE: March 24, 2010

TO: Rep. Jon Richards, Chair, and members of the Health and Healthcare Reform Committee

FROM: Molly Bandt, Managing Attorney, Disability Rights Wisconsin

RE: Testimony in Support, with Modifications, of AB 878

Disability Rights Wisconsin (DRW) supports, with modifications, AB 878, which will increase the availability of health benefits counseling for low-income individuals in Wisconsin. DRW is currently the provider of Program Attorney services to the Disability Benefit Specialist (DBS) Program (see attached DBS Program Summary and Brochure for more information). We are intimately familiar with complexities of public and private health insurance programs and the obstacles people face in obtaining and maintaining health insurance coverage.

Wisconsin has long been a leader in the provision of benefit counseling and advocacy services. Services to the elderly (aged 60 and over) began in 1977, and since 2000, to people with disabilities between the ages of 18-59. The Elderly Benefit Specialist (EBS) Program now operates in all 72 Wisconsin counties and the Disability Benefit Specialist operates in 56 counties, and is projected to be statewide by 2012 (statutory authority for the EBS Program is at §46.81, Wis. Stats. and the DBS Program is at §46.283, Wis. Stats. and § DHS 10.23(2)(d) of the Wis. Admin. Code). The DBS Program alone served nearly ten thousand clients last year and had a monetary impact of over 40 million dollars; approximately 80% of which represents federal dollars coming into the state. These programs increase the overall health and economic security of some of Wisconsin's most vulnerable citizens.

EBSs and DBSs are trained to assist clients in navigating a full-range of health insurance programs such as Medicare, Medicaid, Family Care, BadgerCare Plus, CORE, HIRSP and COBRA. These services are extremely popular and effective. Unfortunately, the need for such services routinely outstrips the available EBS and DBS staff time.

DRW applauds the sponsors of AB 878 in their recognition of the need for quality, informed health benefit counseling and advocacy services. We do, however, think that AB 878 should be modified to make it clear that the proposed health benefit counseling program is meant to serve those **not** covered by the existing EBS and DBS programs: children; adults without disabilities; and adults with disabilities under the age of 60 living in the few remaining counties that do not yet have a DBS program. The above clarification is necessary for efficacious use of tax payer dollars and unnecessary duplication of services.

With the above requested clarifications, we urge swift approval of AB 878.

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Protection and advocacy for people with disabilities.

WISCONSIN'S DISABILITY BENEFIT SPECIALIST (DBS) PROGRAM

Overview

- Benefit counseling and advocacy for adults with disabilities between the ages of 18 & 60
- Began in 2000, with creation of Aging & Disability Resource Centers (ADRCs) in 8 counties participating in the Family Care pilot program
- Currently, Disability Benefit Specialists (DBSs) located in 54 counties
- Eventually all 72 counties will have access to DBS services

Program Administration

- Administered by WI Department of Health Services (DHS)
 - DBS Program Manager, Phoebe Hefko
phoebe.hefko@wisconsin.gov ; 608-266-8905
- Substantive oversight by Disability Rights Wisconsin
 - DBS Managing Attorney, Molly Bandt
mollyb@drwi.org; 608-267-0214
- DBSs located at ADRCs
 - employed by county or by subcontracted agency

Program Services

- Information, education, assistance and advocacy related to public benefit programs and services, health care financing, consumer concerns and other areas with "red tape"
- Representation in public benefit appeals, when appropriate
- Coordination of activities between the ADRC and other county, community and governmental agencies
- Coordination with other benefit counselors such as Elderly Benefit Specialists and Work Incentive Benefit Specialists

Disability Rights Wisconsin (DRW)

- Formerly the Wisconsin Coalition for Advocacy
- The federally designated "protection & advocacy" agency for individuals with disabilities in the State of Wisconsin
- Offices in Madison, Milwaukee and Rice Lake
- All services are free
- Staff are organized into four teams: Civil Rights; Communities and Institutions; Schools; and Benefits

Disability Rights Wisconsin's Benefits Team

- Provide technical assistance and substantive oversight of DBS cases
- 1 Managing Attorney and 6 Program Attorneys
- Offices in Madison, Rice Lake and Milwaukee
- Orientation for new DBSs
- Ongoing training for all DBSs, including updates on changes in public benefit programs such as Medicare, Medicaid, FoodShare and Social Security Administration (SSA) benefits



The **Disability Benefit Specialist** (DBS) program is a service of Wisconsin's **Aging and Disability Resource Centers**.

Disability benefit specialists provide services to people ages 18 to 59 with physical disabilities, developmental disabilities, mental illness and substance use disorders.

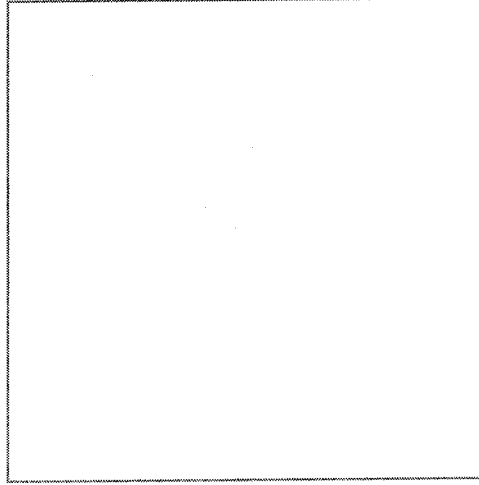
Disability benefit specialists provide information and assistance with public and private benefit programs including application and appeal procedures.

There is no charge for disability benefit specialist services.

How to Reach your
Local Disability
Benefit Specialist

Disability benefit specialist services are available in every county served by an Aging and Disability Resource Center.

Local Contact Information:



Benefits counseling
for adults ages 18 to 59 with
physical disabilities,
developmental disabilities, mental
illness and/or substance use
disorders.

A service of Wisconsin's
**Aging and Disability
Resource Centers**



Wisconsin Department of Health
Services
Division of Long Term Care
Bureau of Aging and Disability Resources
Office for Resource Center Development
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